



29th National Veterans Wheelchair Games

# Roll'n on the River

Spokane, Washington ★ July 13-18, 2009

Presented by the Paralyzed Veterans of America  
and the Department of Veterans Affairs



Hosted by Spokane VA Medical Center and the  
Northwest Chapter Paralyzed Veterans of America

## Registration Packet

## About the Games

Join fellow veterans at the 29th National Veterans Wheelchair Games (NVWG) July 13–18 in Spokane. This year's Games are hosted by the Spokane VA Medical Center and the Northwest Chapter Paralyzed Veterans of America. Official events are air guns, archery, basketball, bowling, field, handcycling, motor rally, nine ball, power soccer, quad rugby, slalom, softball, swimming, table tennis, track, trapshooting, and weightlifting. Standing events include table tennis and archery. Golf will be offered as an exhibition event. The Games are open to veterans with spinal cord injuries and other disabilities that require the use of a wheelchair for athletic competition.

### Eligibility

To be eligible to participate in the NVWG, a participant must be a veteran of the U.S. military, be eligible for health care in the Department of Veterans Affairs Healthcare System, and a disability that warrants the use of a wheelchair to compete in sporting events.

### What's New for 2009

- **Rule and classification changes.**
- See Events and Rules Booklet.
- Golf will be an exhibition event.
- **Ramp bowling criteria.**

### Registration

#### Deadline: April 15, 2009

All athletes and coaches must register by submitting the enclosed registration forms, postmarked on or before April 15. All forms, including VA Form 10-10EZ or copy of VA ID card: Application for Health Benefits, must be completed and submitted to the 29th National Veterans Wheelchair Games Registration, c/o Paralyzed Veterans of America, 801 Eighteenth Street, NW, Washington, DC 20006-3517. **Incomplete forms will be returned. It is your responsibility to complete the missing information and resubmit the completed registration by the deadline.**

#### Registration is limited to 550 athletes.

Completed registration forms are accepted in the order they are received, with priority given to novice athletes after the first 500 entries.

One coach per five athletes may register by completing all the appropriate information on the registration forms. **The coach must submit a complete list of athletes with the registration forms.** All registration deadlines apply to coaches.

Athlete and coach registration information will be stored in the Games database for purposes of historical information.

### Competitive Divisions

Athletes may select only one division for all events.

**Novice:** First-time competitors only, regardless of age (those who have never competed in any organized wheelchair sporting event). This includes the Winter Sports Clinic and Golden Age Games.

**Open:** All competitors who have competed in sanctioned wheelchair sports competition or past NVWGs.

**Masters:** Competitors who are 40 years or older may compete in the Masters Division, or they may choose to compete in the Open Division.

### Event Rules

Enclosed with this registration packet is a booklet describing each event and a summary of its rules and equipment policy. Please take note of all rule changes in the Events and Rules Booklet. Changes are indicated by an \* next to the name of the event.

If you are registering for air guns for the first time or trapshooting, you must establish a shooting time at these events' registration booths at the Disabled Sports, Recreation & Fitness Expo on July 13 or Early Classification and air guns registration on July 12 at the Spokane Convention Center, Halls A, C & D from 11 a.m. to 4 p.m.

Ramp bowling is limited to veterans that demonstrate a physical need to

use a ramp (i.e., hand, muscle involvement). All veterans wishing to ramp bowl must go through classification for verification.

To ensure every competitor adequate playing time, the following events have a maximum number of competitors.

**Archery:** 90 total competitors

**Basketball:** 8 teams, 12 players per team (96 total competitors)

**Quad Rugby:** 4 teams, 10 players per team (40 total competitors)

**Softball:** 8 teams, 15 players per team (120 total competitors)

**Trapshooting:** 2 squads, 25 per squad (50 total competitors)

### Exhibition Event

Golf, limit of 40 participants.

### Closing Banquet

Paralyzed Veterans of America and VA, in cooperation with National Host Sponsor Invacare Corporation, will host the closing banquet Saturday, July 18 at the Spokane Convention Center, Hall B & C. Athletes and qualified coaches may purchase banquet tickets for \$15 each. Tickets for all others are available for \$25. **Do not send money for tickets** with your registration form. Tickets may be purchased by cash or check at the closing banquet ticket sales booth at the Disabled Sports, Recreation & Fitness Expo on Monday, July 13.

### Spokane Climate and Weather

Spokane averages 82°F for a high and 55°F for a low in July. There is very little humidity and the city averages 4-5 days of rain for the month.

### Transportation

Ground transportation will be provided to and from the Spokane International Airport and all hotels on July 12, from 8 a.m. until 11 p.m., and from 8 a.m. to noon on July 13. Departures to the airport will start on July 19 from 4 a.m. to 3 p.m.

# FORM A 29TH NVWG APPLICATION

ATHLETE NUMBER – OFFICE USE ONLY

**POSTMARK DEADLINE IS APRIL 15, 2009.** Use the enclosed envelope to return your forms. Incomplete forms will be returned and must be resubmitted by the registration deadline.

**REMOVE NAME AND ADDRESS PEEL-OFF LABEL FROM THE OUTER ENVELOPE AND AFFIX HERE**

↓ **(mark any corrections).** If you are a first-time participant and do not have a label, fill in your name and address.

Last name: _____	<b>Last four</b> Social Security #: _____
First name: _____ MI: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street address: _____	Birth date: ____/____/____ (MM) (DD) (YY)
City: _____	Are you bringing a <b>service dog</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
State _____ Zip: _____	

Day phone: ( ) \_\_\_\_\_ Evening phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Branch of service:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a Paralyzed Veterans of America **member**? ☐ Yes ☐ No If yes, which **chapter**? \_\_\_\_\_

Are you a Paralyzed Veterans of America **associate member**? ☐ Yes ☐ No

## Status and Classification

☐ Competitor or ☐ Qualified coach (To be a qualified coach you **must** list below the names of five athletes you will be coaching.

One qualified coach to five athletes. Note: The coach may not be one of the five athletes.) 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_

Division (check one): ☐ Novice ☐ Open ☐ Masters (See page 2 for definitions.)

Are you a member of a team? ☐ Yes ☐ No If yes, team name: \_\_\_\_\_

Team coordinator/leader: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate team contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

NVWG Medical Classification (if known):

General: ☐ IA ☐ IB ☐ IC ☐ II ☐ III ☐ IV ☐ V

Basketball: ☐ I ☐ II ☐ III ☐ Not known

Rugby: ☐ .5 ☐ 1.0 ☐ 1.5 ☐ 2.0 ☐ 2.5 ☐ 3.0 ☐ 3.5 ☐ Not known

Swimming: ☐ IA ☐ IB ☐ IC ☐ II ☐ III ☐ IV ☐ V ☐ VI

Primary VA medical center: \_\_\_\_\_

## Wheelchair Inspection (You must provide the following information about ALL of your competition chairs.)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Type: ☐ Manual ☐ Head (control) ☐ Mouth (control) ☐ Hand (control)

Description: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Type: ☐ Manual ☐ Head (control) ☐ Mouth (control) ☐ Hand (control)

Description: \_\_\_\_\_

**Inspected by: Print** \_\_\_\_\_ **Signature** \_\_\_\_\_

You **MUST** have your wheelchair inspected by a VA prosthetics specialist before arrival at the Games. It is your responsibility as a competitor to ensure that your equipment is in good working order before you depart for the Games. Coordinate through your team coordinator an "in-service" with your VA prosthetics representative and Invacare representatives. Make sure that all chairs issued by VA are listed on your prosthetic eligibility card by serial number, and bring your card to the Games.

# FORM B ITINERARY INFORMATION

ATHLETE NUMBER – OFFICE USE ONLY

## Itinerary Information

Date of arrival in Spokane: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of departure from Spokane: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mode of Transportation to the Games: ☐ Car ☐ Van ☐ Bus ☐ Train ☐ Airline

### Arrival

Originating Airport: \_\_\_\_\_ Is this a direct flight to Spokane? ☐ Yes\* ☐ No \* (If yes, skip down to Arriving Air Carrier)

Originating Air Carrier: \_\_\_\_\_

Connecting Airport(s): \_\_\_\_\_ Multiple Connecting Flights? ☐ Yes ☐ No

Connecting Air Carrier: \_\_\_\_\_ Connecting Flight Number: \_\_\_\_\_

Arriving Air Carrier: \_\_\_\_\_

Arrival Time into: Spokane AM/PM Arrival Flight Number: \_\_\_\_\_

### Departure

Departing Airport: Spokane Departure Flight Number: \_\_\_\_\_

Air Carrier: \_\_\_\_\_ Departure Time: \_\_\_\_\_ AM/PM

Is this a direct flight? ☐ Yes ☐ No

(If yes, skip down to Destination Airport)

Connecting Air Carrier: \_\_\_\_\_ Connecting Flight #: \_\_\_\_\_

Destination Airport: \_\_\_\_\_

Will you need transportation from and to the airport in Spokane? ☐ Yes ☐ No

Who will be making your travel arrangements? Name: \_\_\_\_\_

Contact Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

## HOTEL RESERVATIONS

### Hotel Information

Your Name: \_\_\_\_\_  
(Print)

Do you need a hotel room? ☐ Yes ☐ No

Team contact person \_\_\_\_\_

Team contact telephone number \_\_\_\_\_

**Check-in time is 4 p.m.; check-out time is noon.**

**Please note that there will be a one-time per-person portorage fee of \$8.**

Indicate individuals staying in this room: Your Name: \_\_\_\_\_ ☐ Athlete ☐ Qualified coach ☐ Other  
Guest: \_\_\_\_\_ ☐ Athlete ☐ Qualified coach ☐ Other

Indicate room preference (no guarantee): ☐ Single (1 person, 1 king) ☐ Double (2 people, 1 king) ☐ Double/Double (2 people, 2 doubles)

Do you need a rollaway bed in the room? ☐ Yes ☐ No Will you be bringing a patient lift for the room? ☐ Yes ☐ No

Would you like the bathroom door removed? ☐ Yes ☐ No

Please check your smoking preference for your room: ☐ Smoking ☐ Nonsmoking (*Smoking preference cannot be guaranteed.*)

**All participants are encouraged to bring their own assistive equipment** (shower benches, commode chairs, etc.). A limited amount of such equipment will be available to **NOVICE ATHLETES FIRST**, then on a first-come, first-served basis. A \$10 deposit will be required. Please indicate the items needed, along with style, model numbers, etc., and we will try to accommodate you. All equipment must be returned to the DME room at the games prior to departure. **Bring any medications and assistive equipment that you use.**

Item(s) needed: \_\_\_\_\_ Team Affiliation: \_\_\_\_\_

# FORM C GENERAL MEDICAL FORM

ATHLETE NUMBER – OFFICE USE ONLY

(To be completed by participant. Please type or print clearly.)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ VA Medical Center Name: \_\_\_\_\_

Name: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ Age: \_\_\_\_\_

Team coordinator/leader: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate team contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

## In Case of Emergency, Notify:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

(To be completed by the examining physician. Please type or print clearly.)

**Dear Doctor:** Your detailed exam of the participant will be very helpful to the medical assistance team. If an assistant completes the form, please countersign the exam.

## Operations (Please list.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Diagnosis/Type of Injury:

Date of injury or diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM) (DD) (YY)

- ☐ Spinal Cord Injured (SCI)—level of injury \_\_\_\_\_
- ☐ Multiple Sclerosis (MS)
- ☐ Amputee
- ☐ Head Injury
- ☐ Other: \_\_\_\_\_

## Allergies

Are you allergic to anything? ☐ Yes ☐ No (If yes, specify.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Medications** (Please list all medications you are currently using. If you require more room, please attach an additional sheet.)

Medication Name	Dosage	How Often Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Other Medical Information** (Please list all other medical information concerning your current health status.)

\_\_\_\_\_  
\_\_\_\_\_

## VA Identification Card

**PLEASE ATTACH A COPY OF  
VA IDENTIFICATION CARD HERE.**  
*See below.*

If you do not attach a copy of your VA IDENTIFICATION CARD you **must** fill out VA form 1010EZ including your full SS#.



# FORM D PHYSICAL EXAM

ATHLETE NUMBER – OFFICE USE ONLY

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
Head & Neck: \_\_\_\_\_ Lungs: \_\_\_\_\_  
Abdomen: \_\_\_\_\_ Heart: \_\_\_\_\_  
Extremities: \_\_\_\_\_ Skin: \_\_\_\_\_  
Other Findings: \_\_\_\_\_

## Present and Past Medical History (Diabetes, heart disease, hypertension, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the patient on dialysis?\* ☐ Yes ☐ No

\* Patient is responsible for setting up any dialysis treatment needed.

Is the patient on a ventilator? ☐ Yes ☐ No

Is the patient on anticoagulant drugs? ☐ Yes ☐ No

If yes, which: \_\_\_\_\_

## Physician Clearance

In my opinion, the above individual (you **must** check one of the following boxes):

☐ is cleared to compete or ☐ is not cleared to compete

If **NOT** cleared, reason why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Physician Information

Name of examiner: \_\_\_\_\_  
Print Name of examining physician

Signature: \_\_\_\_\_  
Signature of examining physician

Address: \_\_\_\_\_  
Street, Suite

\_\_\_\_\_  
City, State, Zip

Phone of physician: ( ) \_\_\_\_\_

Date: \_\_\_\_\_

## NVWG and/or USQRA Classification Card(s)

**PLEASE ATTACH CLASSIFICATION CARD(S) HERE.**

*See to right.*

If applicable, please attach a **copy** (not the original) of your National Veterans Wheelchair Games, USQRA (quad rugby), and/or Wheelchair Sports, USA classification card above.

May omit only if copy of current NVWG Classification card is stapled in the area provided in the General Medical Information section on reverse side of this sheet.

*This section must be completed by someone familiar with direct muscle testing, i.e., a physician, physical therapist, kinesiologist, or occupational therapist.*

## NEURO EXAM

(Manual muscle test, 0-5)

Upper Extremity	RIGHT	LEFT
Deltoid	_____	_____
Biceps	_____	_____
Wrist extension	_____	_____
Wrist flexion	_____	_____
Triceps	_____	_____
Finger extension	_____	_____
Finger flexion	_____	_____
Finger abd/add	_____	_____

Lower Extremity	RIGHT	LEFT
Hip flexion	_____	_____
Hip extension	_____	_____
Hip adduction	_____	_____
Hip abduction	_____	_____
Knee flexion	_____	_____
Knee extension	_____	_____
Dorsiflexion	_____	_____
Plantarflexion	_____	_____

## Sitting Balance (please check one)

☐ Normal ☐ Fair  
☐ Poor ☐ None

## Handedness (please check one)

☐ Right ☐ Left

## Trunk (0-5 scale) UPPER LOWER

Abdominals \_\_\_\_\_  
Spinal extensors \_\_\_\_\_

## Hometown News Release Questionnaire

(To be completed by athlete)

All athletes must complete questions 1–8, whether or not you wish to have a news release. If you would like a news release posted on the Games website about your participation this year, **you must fill out this form completely.** Our Hometown News program promotes publicity about the National Veterans Wheelchair Games by posting an individual news release for every veteran who wants one on the website during the week of the Games. The releases may be found in “Athlete Information” on the Games website, [www.wheelchairgames.va.gov](http://www.wheelchairgames.va.gov). **In order to prepare your news release, we must have all needed information in advance. We cannot gather this information during the Games.** If you have any questions, please call Kim Byers, public affairs director, at (734) 845-3377 (email: [kim.byers2@va.gov](mailto:kim.byers2@va.gov)).

Your Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

PLEASE PRINT

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

☐ Caucasian   ☐ Hispanic/Latino   ☐ Asian   ☐ African American   ☐ Native American   ☐ Other \_\_\_\_\_

## 1. Please confirm your branch of service.

☐ Air Force   ☐ Army   ☐ Coast Guard   ☐ Marine Corps   ☐ Navy   ☐ National Guard  
☐ British Military   ☐ Other \_\_\_\_\_

## 2. If you are a peacetime veteran, where and when did you serve? \_\_\_\_\_

## 3. a. Did you serve in combat in any of the following conflicts?

☐ WWII   ☐ Korea   ☐ Vietnam   ☐ The Gulf War   ☐ Afghanistan   ☐ Iraq   ☐ Other \_\_\_\_\_

## b. Is the injury or illness requiring that you use a wheelchair combat related? (Resulting from actual service in combat.)

☐ Yes   ☐ No

## c. What did you do in the service? \_\_\_\_\_

## d. How were you injured? \_\_\_\_\_

## e. Are you a Vietnam era (noncombat) veteran?

☐ Yes   ☐ No

## 4. Which general category does your diagnosis fall under?

<input type="checkbox"/> Paraplegic	<input type="checkbox"/> Amputee	<input type="checkbox"/> Stroke
<input type="checkbox"/> Quadriplegic	<input type="checkbox"/> Right leg—AK or BK (circle)	<input type="checkbox"/> Other neurological injury or disease
<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/> Left leg—AK or BK (circle)	<input type="checkbox"/> Hip/Knee replacement
<input type="checkbox"/> Brain injury	<input type="checkbox"/> Other amputation _____	<input type="checkbox"/> Severe arthritis
<input type="checkbox"/> Other diagnosis (Describe in simple language, not medical terms) _____		

5. Of which veterans service organizations are you a member? ☐ Paralyzed Veterans of America   ☐ DAV   ☐ VFW
☐ American Legion   ☐ Amvets   ☐ MOPH   ☐ Other \_\_\_\_\_

## 6. Which years have you participated in the NVWG:

<input type="checkbox"/> 1984—Brockton, MA	<input type="checkbox"/> 1985—College Park, MD	<input type="checkbox"/> 1986—Arlington, TX	<input type="checkbox"/> 1987—Ann Arbor, MI	<input type="checkbox"/> 1988—San Antonio, TX
<input type="checkbox"/> 1989—Long Beach, CA	<input type="checkbox"/> 1990—New Orleans, LA	<input type="checkbox"/> 1991—Miami, FL	<input type="checkbox"/> 1992—Dayton, OH	<input type="checkbox"/> 1993—San Antonio, TX
<input type="checkbox"/> 1994—Kansas City, MO	<input type="checkbox"/> 1995—Atlanta, GA	<input type="checkbox"/> 1996—Seattle, WA	<input type="checkbox"/> 1997—San Diego, CA	<input type="checkbox"/> 1998—Pittsburgh, PA
<input type="checkbox"/> 1999—San Juan, PR	<input type="checkbox"/> 2000—San Antonio, TX	<input type="checkbox"/> 2001—New York, NY	<input type="checkbox"/> 2002—Cleveland, OH	<input type="checkbox"/> 2003—Long Beach, CA
<input type="checkbox"/> 2004—St. Louis, MO	<input type="checkbox"/> 2005—Minneapolis, MN	<input type="checkbox"/> 2006—Anchorage, AK	<input type="checkbox"/> 2007—Milwaukee, WI	<input type="checkbox"/> 2008—Omaha, NE

## 7. a. Do you want us to prepare a news release about your participation in the National Veterans Wheelchair Games this year?

☐ Yes   ☐ No

(Please continue the remainder of the form on the back.)

FORM E (continued)

7. b. If you marked “Yes,” to a news release in 7a, please provide the following information, complete questions 8–11, and sign form.
- ☐ I give permission for my phone number to be included in my news release posted on the Games website.
- ☐ I do not want my phone number listed on my news release.
8. Please note: Whether or not you want a news release, all event results will be posted on the Games website by participant name unless you check the “NO” box here.
- ☐ No (Results will not be posted; sign at bottom of this page.)

9. What are the nearest DAILY and WEEKLY newspapers to your home? (If you don’t know the names of the newspapers, please list the nearest large city.)

Name (Please print)	City
Name (Please print)	City
Name (Please print)	City
Name (Please print)	City

10. YOUR QUOTE FOR THE NEWS RELEASE: (This is mandatory.) All we need are a few thoughts from you telling us such things as how you feel about the Games, what sports competition has done for your life, how many times you’ve competed, what you have looked forward to the most, your past experience in sports, what you hope to achieve, favorite wheelchair sports, etc. Just give us a few ideas, and we’ll take it from there!

11. Please describe your favorite Games memories.

\* (Signature: Everyone must sign here so we can comply with your wishes.) (Name: Please Print)

\* REQUIRED



# FORM F EVENT SELECTION

ATHLETE NUMBER – OFFICE USE ONLY

Check at least two and no more than five events. Do not schedule conflicting events!  
(See event schedule, page 3.) Each shaded box checked represents one event selected.

## Air Guns

☐ Air Guns

Have you ever competed in a sanctioned Air Rifle shooting event? (check one)

☐ Yes ☐ No

### RIFLE

Bringing my own/team rifle

☐ Yes ☐ No

Model/Type \_\_\_\_\_

Need to borrow air rifle

☐ Left-handed ☐ Right-handed

### OTHER EQUIPMENT

	Bringing My Own	Need to Borrow
Support Stand	<input type="checkbox"/>	<input type="checkbox"/>
Remote Trigger Mechanism	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE TO AIR GUNS & ARCHERY PARTICIPANTS:** The lending of equipment is on a first-come first-served basis with Novice participants having priority.

## Archery

Limited to 90 competitors.

☐ Recurve Bow  
☐ Compound Bow  
☐ Standing Archery

## Bowling (3 games, total pins)

☐ Ramp (Head/mouth control)\*  
☐ Ramp (Hand control)\*  
☐ Stick (1A, 1B, 1C)  
☐ Handleball (1A, 1B, 1C)  
☐ Manual (All classes)

\* All Ramp bowlers will be required to go through classification.

(Name: Please Print)

## Swimming (8 classes)

### Backstroke

☐ 25 yards IA, IB, IC  
☐ 50 yards II, III  
☐ 100 yards IV, V, VI

### Breaststroke

☐ 25 yards IA, IB, IC  
☐ 50 yards II, III  
☐ 100 yards IV, V, VI

### Freestyle

☐ 25 yards IA, IB, IC  
☐ 50 yards II, III  
☐ 100 yards IV, V, VI

### Butterfly

☐ 25 yards IA, IB, IC, II  
☐ 50 yards III, IV, V, VI

### Individual Medley

☐ 75 yards IA  
☐ 100 yards IB, IC, II, III  
☐ 200 yards IV, V, VI

## Field

☐ Club (IA only)  
☐ Discus  
☐ Shot (All except IA)  
☐ Javelin (All except IA)

## Track

### Helmets are mandatory.

☐ Power Chair 200 (Mouth control)  
☐ Power Chair 200 (Head [chin] control)  
☐ Power Chair 200 (Hand control)  
☐ Power Chair Relay (Mouth control)  
☐ Power Chair Relay (Head [chin] control)  
☐ Power Chair Relay (Hand control)  
☐ 100 meters  
☐ 200 meters  
☐ 400 meters  
☐ 800 meters (10-minute time limit)  
☐ 1500 meters (18-minute time limit)

## Other

☐ Basketball—Limited to 96 competitors.  
☐ Handcycling (IA–IC/II–III/IV–V)—**Helmets are mandatory.**  
*No loaner equipment available.*  
☐ Motor Rally  
☐ Motorized Slalom (Hand control)—**Helmets are mandatory.**  
☐ Motorized Slalom (Head [chin] control)—**Helmets are mandatory.**  
☐ Motorized Slalom (Mouth control)—**Helmets are mandatory.**  
☐ Nine Ball  
☐ Power Soccer (Mouth control)  
☐ Power Soccer (Head [chin] control)  
☐ Power Soccer (Hand control)  
☐ Quad Rugby—Limited to 40 competitors.  
☐ Quad Weightlifting  
☐ Slalom—**Helmets are mandatory.**  
☐ Softball—Limited to 120 competitors.  
*No motorized wheelchairs or scooters.*  
☐ Table Tennis (Single elimination)  
☐ Standing Table Tennis  
☐ Trapshooting (Limited to 50 competitors)  
☐ Weightlifting (By bodyweight)

## Exhibition

Does not count as one of the two minimum or five maximum events.

☐ Golf (Limited to 40 competitors)

### DO NOT SCHEDULE CONFLICTING EVENTS!

#### CONFLICTING EVENTS:

**Basketball – Swimming**

**Swimming – Slalom (motor hand/  
head/mouth)**

**Power Soccer – Weightlifting (quad)**

**Softball – Archery – Motor Rally**

**Softball – Hand Cycle**

**NOTE:** Anyone participating in an event requiring a helmet must bring his or her **OWN HELMET**.



# FORM G

ATHLETE NUMBER – OFFICE USE ONLY

## Damage Provisions

In the unlikely event that damage to any hotel property occurs as a result of a participant's or their guest's negligence or intentional misconduct, the participant agrees to assume all liability and expense and, in addition to any other rights as may be had against such participant or guest, the participant agrees to indemnify, defend, and hold harmless Paralyzed Veterans of America and its officers, directors, partners, affiliates, members, and employees from and against all demands, claims, damages to persons and/or property, losses, and liabilities, including reasonable attorney fees (collectively "Claims") arising out of or caused by the participant's or their guest's negligence or intentional misconduct. The hotel or Paralyzed Veterans of America may charge the participant's account or bill the participant directly for all such charges. The participant agrees and acknowledges that neither Paralyzed Veterans of America nor the hotel will be responsible for the safekeeping of their equipment or other valuable items left in function rooms, guestrooms, or anywhere on the hotel property other than the hotel safe. State laws will govern the hotel's liability for items stolen from guestrooms or items kept in the hotel's safe.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Team Affiliation

\_\_\_\_\_  
\* Mandatory Signature

\_\_\_\_\_  
Date

## Operation Iraqi Freedom/Operation Enduring Freedom Information Release ONLY

If you served in Iraq or Afghanistan during Operation Iraqi Freedom/Operation Enduring Freedom, would you like to be introduced to the Paralyzed Veterans of America service officer in your home state/area? (You do not have to be a PVA member or have a spinal cord injury to take advantage of our services.) ☐ Yes ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To find out about other sports and recreation opportunities in your area, please visit [www.pva.org/sports](http://www.pva.org/sports).

## PRESENTED BY



## HOSTED BY

Northwest Chapter  
Paralyzed Veterans  
of America

Spokane VA  
Medical Center

# FORM H

## 29th National Veterans Wheelchair Games

### Waiver & Release of Liability/Publicity and other use Release

**In consideration of being allowed to participate** in the 29th National Veterans Wheelchair Games, related events, and activities, (collectively the “Games”), I, the undersigned, acknowledge, appreciate, and agree that:

1. I, for myself and on behalf of my heirs, assigns, personal representatives, administrators, and next of kin, **HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE** the United States Government; the Department of Veterans Affairs (“VA”); Paralyzed Veterans of America (“Paralyzed Veterans of America”); the Northwest Chapter Paralyzed Veterans of America; their officers, directors, members, vendors, contractors, agents, and employees; and, any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Games, related events and activities; and, officials, volunteers, and other participants of the Games, (hereinafter “RELEASEES”), from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of any of the RELEASEES, or otherwise, while participating in the Games.

2. The risk of injury from the activities involved in these Games is significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards associated with participating in these Games and I voluntarily, without any inducement, elect to participate in the Games. I **KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS**, and assume full responsibility for my participation.

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest official immediately.

4. I hereby consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

5. I hereby voluntarily and without compensation authorize pictures, video, and/or voice recording(s) to be made of me by, or on behalf of Paralyzed Veterans of America, the Department of Veterans Affairs, U.S. military publications, *Sports 'n Spokes*, *PN*, and other magazines, veterans publications, newspapers, and broadcast media, etc., during the Games. I authorize any or all of the above to publicize, and/or display such photographs, video, and recordings, or any image or likeness derived therefrom, or to provide such photographs, video and recordings, to others of their choosing for display, without notice, or payment of any royalty, fee or other compensation of any character to me for the use of my image and/or voice recording. I understand that such pictures, video and/or voice recordings are intended to publicize and give recognition to the Games; and my authorization shall extend to any lawful purpose, including, but not necessarily limited to, public relations, promotional activities, and fundraising. Also, I authorize storage of my registration and event data in electronic media.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.**

Signature \_\_\_\_\_

**\* Mandatory Signature**

Name (Please print) \_\_\_\_\_

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* REQUIRED**

**FOR OFFICE USE ONLY**

Name: \_\_\_\_\_

Postmark Date: \_\_\_\_\_

# \_\_\_\_\_

**Airline flight numbers and arrival/departure times must be provided so transportation can be arranged.**

Teams arriving outside of the dates and times listed above are responsible for their own transportation.

### Official Airline Sponsor

See enclosed flier for details.

### Meals

Meals will be provided for each competitor and qualified coach beginning with breakfast Tuesday, July 14 and ending with lunch Saturday, July 18. Meals will be served via a voucher system. Competitors and qualified coaches may pick up their free meal passes during registration Monday, July 13 at the last stop of the Disabled Sports, Recreation, and Fitness Expo at the Spokane Convention Center, Halls A, C & D. All others will be able to purchase meals at meal sites via cash. **Note:** *We regret that we are unable to accommodate special dietary requests.*

### Hotel Accommodations

This year we will be utilizing the Davenport Hotel & Towers, Courtyard by Marriott, Oxford Suites, Fairfield Inn by Marriott, Travel Lodge, and Doubletree Hotel. We will make every effort to accommodate athlete needs. Hotels and rooms will be assigned on a first-come, first-served basis. To stay in one of the Games hotels, fill out the Hotel Reservation Form (Form B). Return it with your registration forms by April 15 to Paralyzed Veterans of America, 801 Eighteenth Street, NW, Washington, DC 20006-3517.

Note: Hotel rates for this event are \$133 plus 10.6% sales tax and a one dollar and fifty cent (\$1.50) per night tourism promotion assessment fee for single/double occupancy (two people). A one-time portorage fee of \$8 per person, per room will be applied at checkout.

**All personal care attendants should have their hotel registration forms submitted with the athlete applications.**

## 29th National Veterans Wheelchair Games Tentative Schedule of Events

### Sunday, July 12

All day	Arrival and Check-in
11 a.m.–4 p.m.	Early Classification and Air Guns Registration

### Monday, July 13

All day	Arrival and Check-in
9 a.m.–4 p.m.	Games Registration
9 a.m.–4 p.m.	Expo
11:30 a.m.–Noon	Games Kickoff
1–2 p.m.	Coaches' Meeting
2:30–3 p.m.	Novice Athlete Meeting
6–7 p.m.	Opening Ceremonies
7:30–9:30 p.m.	Welcome Reception

### Tuesday, July 14

6–8 a.m.	Breakfast
7:30–8:30 a.m.	Late Registration
8 a.m.	Bowling IA–B–C, HDL, STK Nine Ball II–III Table Tennis IV–V, Standing
10 a.m.	Bowling Ramp by assigned times
10:30 a.m.–1:30 p.m.	Lunch
1 p.m.	Air Guns Bowling IA–B–C, HDL, STK Bowling IA–B–C, HDL, STK Nine Ball IV–V Table Tennis II–III
2–5 p.m.	Weightlifting Weigh-in
3 p.m.	Air Guns Quad Rugby Game 1
4:30–6:30 p.m.	Dinner
6:30 p.m.	Slalom IA–B–C
7 p.m.	Air Guns Basketball Games 1, 2
8:30 p.m.	Basketball Games 3, 4

### Wednesday, July 15

6–8 a.m.	Breakfast
8 a.m.	Air Guns Basketball Games 5, 6 Slalom Motor (Hand, Head, Mouth)
9 a.m.	Swimming
10 a.m.	Air Guns Basketball Games 7, 8
10:30 a.m.–1:30 p.m.	Lunch
1 p.m.	Air Guns Bowling II–III Power Soccer Game 1 Quad Rugby Game 2
2 p.m.	Slalom IV–V
3 p.m.	Air Guns Power Soccer Games 2, 3 Weightlifting Quad
4:30–6:30 p.m.	Dinner
6:30 p.m.	Power Soccer Games 4, 5 Weightlifting
7 p.m.	Air Guns
8:30 p.m.	Power Soccer Game 6

### Thursday, July 16

6–8 a.m.	Breakfast
8 a.m.	Bowling IV–V Nine Ball IA–B–C Slalom II–III
10 a.m.–12 noon	Golf Clinic, IA–B–C–II–III
10:30 a.m.–1:30 p.m.	Lunch
1 p.m.	Golf Clinic Table Tennis IA–B–C Trapshoot by assigned times
3 p.m.	Super G Finals Trapshoot by assigned times
4:30–6:30 p.m.	Dinner
7 p.m.	Basketball Game 9 Power Soccer Consolation Game
8:30 p.m.	Basketball Game 10 Quad Rugby Game 3

### Friday, July 17

6–8 a.m.	Breakfast
8 a.m.	Field IV Track IA–B–C
9 a.m.	Field V Power 200
10 a.m.	Field III Kids Day Power Relay
11 a.m.	Field II
10:30 a.m.–1:30 p.m.	Lunch
1 p.m.	Field IA–B–C Track II–V
4:30–6:30 p.m.	Dinner
7 p.m.	Basketball Consolation Game Quad Rugby Championship Game
8:30 p.m.	Basketball Championship Game Power Soccer Championship Game

### Saturday, July 18

6–8 a.m.	Breakfast
8 a.m.	Archery, all plus standing Softball Games 1, 2
9 a.m.	Motor Rally
9:30 a.m.	Softball Games 3, 4
11 a.m.	Softball Games 5, 6
10:30 a.m.–1:30 p.m.	Lunch
11 a.m.	Softball Games 7, 8
1 p.m.	Handcycling
2 p.m.	Softball Games 9, 10
3:30 p.m.	Softball Games Championship Game & Consolation Game
7 p.m.	Closing Banquet

- 4 For a team to set up a direct billing master account or put all team charges on one credit card, the team captain should call Shirlene Roberts at Paralyzed Veterans of America, (800) 424-8200, ext. 616. She will mail or fax the forms you need to fill out and return to her. If you have questions about housing, call Shirlene Roberts at the number listed above between the hours of 9 a.m. and 5 p.m. ET, Monday through Friday. There are a limited number of government rate rooms for coaches. Contact Judy Stutts for more information. The room rates are over the 150% rule, so make appropriate concessions.

### Medicine and Equipment

Bring all medications and medical supplies with you in your **carry-on** luggage. **Do not** pack medicines in checked luggage as luggage can be lost or damaged.

**Bring any assistive devices, specialty devices, and any other specialty equipment with you**, as a limited amount of such equipment will be available to novice athletes first, then on a first-come, first-served basis.

Check with the airport for the latest regulations about carry-on items.

### NATIONAL HOST SPONSOR



### Coaches/Team Coordinators Alert

- Please ensure all of your team members use the same team name.
- Be sure each member of your team has team contact information on their forms.
- Make sure that team members list their PVA chapter affiliation (if applicable).

### Athlete Classification

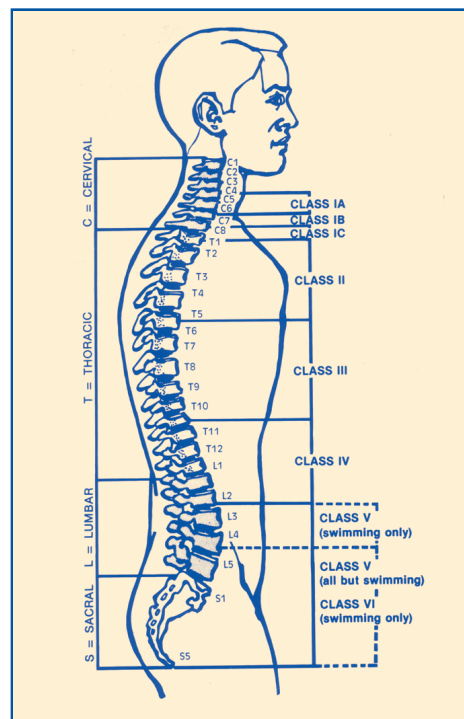
Athletes who require classification will be given a medical exam and classified to ensure fair competition among those with similar degrees of disability.

Quadriplegics will be classified into three classes (IA, IB, IC) and paraplegics into four (II, III, IV, V). Amputees will be classified based on the level of amputation. Disabilities arising from stroke, multiple sclerosis, or other conditions will be classified based on level of impairment.

**A physician must complete the Physical Exam Form (Forms C & D) in order for athletes to be eligible to register and compete.** Any application without the required completed forms will be returned and must be resubmitted by the registration deadline.

Classification will be completed during registration at the Disabled Sports, Recreation & Fitness Expo on Monday, July 13 or during Early Classification on Sunday, July 12 (11 a.m.–4 p.m.) at the Spokane Convention Center Hall A, C & D. Only competitors with a NVWG classification that is permanent or less than three years old will be exempt from on-site classification. Reexamination and reclassification may be performed at the discretion of the NVWG Athlete Classification Team.

**All ramp bowlers will need to go through classification.**



Classification Chart

### Questions?

#### Registration:

Paralyzed Veterans of America  
Sports and Recreation Program  
(800) 424-8200, ext. 752 or 657  
9 a.m.–5 p.m. Eastern Time, M–F  
[www.pva.org/sports](http://www.pva.org/sports)

#### Hotel Accommodations:

Shirlene Roberts  
Paralyzed Veterans of America  
(800) 424-8200, ext. 616  
9 a.m.–5 p.m. Eastern Time, M–F

#### Hotel Accommodations (Government Rate):

Judy Stutts  
Department of Veterans Affairs  
(210) 617-5252  
9 a.m.–5 p.m. Central Time, M–F  
[judith.stutts@va.gov](mailto:judith.stutts@va.gov)

#### General NVWG Issues:

Spokane VA Medical Center  
Carla Lippert  
Local Coordinator  
[carla.lippert@va.gov](mailto:carla.lippert@va.gov)  
509-434-7508

NVWG website:  
[www.wheelchairgames.va.gov](http://www.wheelchairgames.va.gov)



# TSA's Travel Tips

## Before you go...

- Visit [www.tsa.gov](http://www.tsa.gov) for all the latest security policies
- Pack liquids/gels in your checked baggage. For a short trip you are permitted to carry-on 1 quart-size, clear plastic, zip-top bag holding 3 ounce or smaller containers of liquids or gels. Limited to one bag per traveler.
- Medications and breast milk/baby formula are allowed in reasonable quantities exceeding 3 ounces and are not required to be in a zip-top bag. These items must be declared to a security officer at the checkpoint.
- All footwear must be removed for x-ray screening. Wearing footwear that can be easily removed is helpful.
- Pack valuables such as jewelry, cash and electronics, as well as fragile items, in your carry-on.
- Avoid wearing accessories that contain metal, which will set off the metal detector.
- Put all undeveloped film in your carry-on bag. Checked baggage screening equipment may damage film.
- If carrying a firearm, please check with your airline for appropriate procedures.

## When you arrive...

- Take your 3-1-1 bag out of your carry-on and place separately in bin.
- Declare all permitted liquid exceptions to a security officer in front of the checkpoint.
- Take your laptop and video cameras with cassettes out of their cases for screening.
- Remove your footwear and outer coat, suit coat, jacket or blazer to place in the bin for X-ray.
- Place the following items in your carry-on before entering the screening checkpoint: cell phones and personal data assistants, keys, loose change, jewelry and large metal items.

For questions visit [www.tsa.gov](http://www.tsa.gov) or e-mail the TSA Contact Center at [TSA-ContactCenter@dhs.gov](mailto:TSA-ContactCenter@dhs.gov).

TSA's Key Travel Tip:  
3-1-1 to speed screening!

3  
ounces

1  
quart

1  
bag

for Carry-ons  
Prepare for Take-off →



Transportation  
Security  
Administration

[www.tsa.gov](http://www.tsa.gov)

3

**3 ounce** or smaller containers of liquid or gel

More than 3 ounces permitted in checked baggage

Container size is a security measure



1

**1 quart-size**, clear plastic, zip-top bag holding 3 ounce or smaller containers

Bag limits total volume per person



1

**1 bag** per traveler placed in the security bin

Isolating liquids speeds screening



# **ATTENTION**

**YOU MUST PROVIDE ONE OF THE FOLLOWING TO  
VERIFY YOU ARE ENROLLED IN THE DEPARTMENT OF  
VETERANS AFFAIRS MEDICAL SYSTEM**

## **A COPY OF YOUR VA IDENTIFICATION CARD**



# **OR**

## **A COPY OF YOUR VA FORM 10 10 EZ**

**THE 10 10 EZ MUST BE FILLED OUT ACCORDING TO  
THE DIRECTIONS ON THE FORM INCLUDING YOUR  
FULL SSN**

**WE HAVE ATTACHED A COPY OF THE FORM FOR  
YOUR CONVENIENCE.**

29th NATIONAL VETERANS WHEELCHAIR GAMES

Colorado 500 Motorcycle Club Grant

APPLICATION

(must be typed)

**DEADLINE: May 15, 2009**

NAME  SSN  M/F

ADDRESS  CITY/STATE  ZIP

HOME PHONE (  ) YEAR DISABLED  DISABILITY

MEDICAL CENTER  VA/PVA TEAM AFFILIATION IF ANY

ADDRESS  CITY/STATE  ZIP

THERAPIST/ DOCTOR/ TEAM COACH (circle one)

OFFICE PHONE (  )  PRINT  
SIGNATURE

**CHECK ALL THAT APPLY**

☐ INJURED ON A MOTORCYCLE  
YEAR INJURED \_\_\_\_\_

☐ CURRENT MEMBER OF A MOTORCYCLE CLUB  
NAME AND STATE OF CLUB \_\_\_\_\_

\_\_\_\_\_ # OF YEARS PARTICIPATED IN  
GAMES

☐ PAST MEMBER OF A MOTORCYCLE CLUB  
NAME AND STATE OF CLUB \_\_\_\_\_

**BRIEFLY DESCRIBE THIS INDIVIDUAL**

**WHAT EVENTS WILL HE/SHE BE ENTERING**

VA DOCTOR, THERAPIST, OR TEAM COACH MUST FILL OUT AND SEND OR FAX THE COMPLETED APPLICATION  
ALONG WITH A COPY OF THE NVWG REGISTRATION FORM AND VA FORM 10/10EZ OR A COPY OF VA ID CARD TO:

THOMAS R. BROWN (11K)  
DIRECTOR, NATIONAL VETERANS WHEELCHAIR GAMES  
7400 MERTON MINTER BLVD.  
SAN ANTONIO, TX 78229  
FAX: 210-617-5276  
[Tom.Brown@va.gov](mailto:Tom.Brown@va.gov)

# OFFICIAL AIRLINE SPONSOR



*Horizon Air*®

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*Alaska Airlines*®

**Horizon Air/Alaska Airlines** is pleased to confirm the following arrangements for your event travel needs.

29<sup>th</sup> National Veterans Wheelchair Games

July 13 – 18, 2009 Spokane, Washington

Any where Horizon Air/Alaska Airlines flights to Spokane, Washington.

Travel Valid July 8, 2009 – July 22, 2009.

Special Fare Code: **CMT1323**

**Fares:**

10% discount off all published fares for any Horizon Air/Alaska Airlines flight to Spokane, Washington, for tickets purchased during the months of January – May 2009.

5% discount of all published fares for any Horizon Air/Alaska Airlines flights to Spokane, Washington, for tickets purchased during June and July 2009.

**All fare rules apply:**

- Horizon Air/Alaska Airlines will waive the ticket fee for reservation ticketing. All other change fee's apply.
- Travel must be completed by July 22, 2009.

**Reservations:**

All reservations must be made by calling Horizon Air Group and Meeting Desk.

Please refer to your special fare code, CMT1323

Phone 1-800-547-3209

FAX 206-392-2909

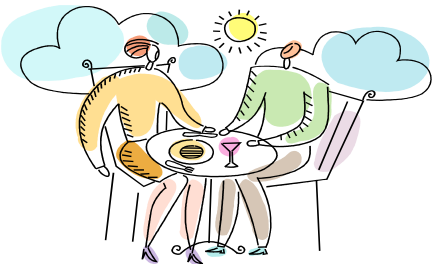
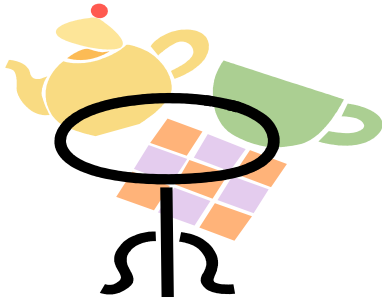
Mon-Fri 8AM-5PM

Sat-Sun Closed

Baggage: Horizon Air/Alaska standard baggage rules apply.

Passengers traveling on Alaska Airlines and Horizon Air may check their **first bag free of charge**. Strollers, car seats, and disabled customers' assistive devices do not count towards checked baggage allowance and may be checked without charge. A **second bag may be checked for \$25 one way**. Each bag can be a maximum of 62 linear inches (length + width + height) and may weigh up to 50 pounds. **Additional fees apply if there are 3 or more bags** being checked, or if the bags are overweight or oversized. Passengers originating on a partner or codeshare flight may be subject to additional restrictions. Please check with the operating carrier for their baggage guidelines.





# CLOSING CEREMONIES AND BANQUET SEATING

We will have assigned seating for the Closing Ceremonies and Banquet. You can purchase your ticket and reserve your seat at the following times:

- Sunday July 12<sup>th</sup> from 11:00 AM – 4:00 PM during Early Classification and Air Guns Registration at the Spokane Convention Center Hall C
- Monday July 13<sup>th</sup> from 9:00 AM – 4:00 PM at the EXPO and Games Registration at the Spokane Convention Center Hall A
- **(LAST CALL)** Tuesday July 14<sup>th</sup> from 9:00 AM – 12:00 PM at the Hospitality Desk located at the Spokane Convention Center

You will need to have 1 Banquet Ticket for each seat you want to reserve. Tickets will be available at the times and locations listed above only. Teams or people wishing to sit together should come to seating registration at the same time in order to reserve seats together.

If you do not reserve a table during one of the times listed above you will be seated at a table space that has not been reserved when you arrive at the door, including groups.

**29TH NATIONAL VETERANS WHEELCHAIR GAMES**  
**MICHAEL ROSENBERG ATHLETIC AWARD**  
APPLICATION (for NOVICE VETERAN ONLY)  
(must be typed)  
**DEADLINE: APRIL 15, 2009**

NAME  SSN  M/F

ADDRESS  CITY/STATE  ZIP

HOME PHONE (  ) YEAR DISABLED  DISABILITY

MEDICAL CENTER  VA/PVA TEAM AFFILIATION IF ANY

ADDRESS  CITY/STATE  ZIP

THERAPIST/ DOCTOR/ TEAM COACH (circle one)

OFFICE PHONE (  ) E-MAIL

BRIEFLY DESCRIBE THIS INDIVIDUAL

WHAT EVENTS WILL HE/SHE BE ENTERING

WHY IS HE/SHE DESERVING OF THIS AWARD

VA Doctor, Therapist, or Team Coach SIGNATURE

VA DOCTOR, THERAPIST, OR TEAM COACH MUST SEND THE COMPLETED APPLICATION  
ALONG WITH A COPY OF THE NVWG REGISTRATION FORM AND VA FORM 10/10EZ or COPY OF VA ID CARD TO:

THOMAS R. BROWN (11K)  
DIRECTOR, NATIONAL VETERANS WHEELCHAIR GAMES  
7400 MERTON MINTER BLVD.  
SAN ANTONIO, TX 78229

## The Michael Rosenberg Athletic Award Department of Veterans Affairs

The Michael Rosenberg Athletic Award is a grant of up to \$1,000 given annually to a deserving novice veteran for expenses to participate in the National Veterans Wheelchair Games (NVWG).

The award will be given to a first-time athlete who receives treatment at a VA facility and who would, except for the financial grant, otherwise not be able to travel to participate in his or hers first Games. The Director, NVWG and the Under Secretary of Health shall jointly select the recipient each year.

The selection will be based on the following criteria:

1. Only a novice athlete (a veteran who has never participated in ANY organized wheelchair sporting event) is eligible to apply.
2. The veteran must display enthusiasm that is contagious to others around him/her.
3. The veteran must have a proven record of positive therapeutic performance not only in sports but also in the entire rehabilitative process.
4. There must be a financial need--that without this grant--the veteran would not be able to attend the Games.

The selection process:

1. The Michael Rosenberg Athletic Award application must be submitted by a VA doctor, therapist, or team coach with a copy of the official NVWG registration form by the registration deadline. The award application and the copy of the NVWG registration forms must be sent to: Director, National Veterans Wheelchair Games (11K), 7400 Merton Minter Blvd., San Antonio, TX 78229, and must be postmarked by the NVWG registration deadline.
2. The original NVWG registration must be sent to the address indicated on that form by the published deadline.
3. The Director, NVWG, will establish and chair a review committee that will rank and rate the applications. All applications will be checked for compliance with criteria and rated based on content, merit, and need.
4. The Director, NVWG, may contact the sender to get clarification.
5. The Director, NVWG, will recommend a selection to the Under Secretary for Health for consideration on or about May 1st.
6. The Under Secretary for Health will officially announce the winning recipient.
7. Funds from the General Post Fund Account will be transferred to the Veteran's VAMC to be used to support expenses of award winner.

**AN ATHLETE MAY NOT SUBMIT HIS OWN FORM**



# **RAMP BOWLING**

## **ATTENTION RAMP BOWLERS**

**ANYONE SIGNING UP FOR RAMP BOWLING WILL BE REQUIRED TO GO THROUGH RAMP BOWLING CLASSIFICATION DURING EARLY CLASSIFICATION OR DURING REGISTRATION. NVWG CLASSIFIERS WILL BE MAKING A RULING BASED ON PHYSICAL LIMITATIONS OF THE UPPER EXTREMITIES TO DETERMINE IF YOU ARE ELIGIBLE TO RAMP BOWL.**

**IF THE NVWG CLASSIFIERS DETERMINE YOU INELIGIBLE YOU WILL HAVE THE OPPORTUNITY TO SELECT ANOTHER EVENT AT THE FINAL STOP.**

# **The Colorado 500 Motorcycle Club Grant**

## **The Award**

The Colorado 500 Motorcycle Club Grant is a grant of \$2,000 given annually to a deserving veteran who received his injuries from a motorcycle accident, or was, or is a member of a motorcycle club for expenses to participate in the National Veterans Wheelchair Games (NVWG).

The award will be given to an athlete who receives treatment at a VA facility and is eligible to compete at the NVWG. The Director, NVWG and the Director, National Programs & Special Events shall jointly select the recipient each year.

The selection will be based on the following criteria:

1. Only a veteran who received his injuries from a motorcycle accident, or was, or is a member of a motorcycle club is eligible to apply.
2. The veteran must display enthusiasm that is contagious to others around him/her.
3. The veteran must have a proven record of positive therapeutic performance not only in sports but also in the entire rehabilitative process.

Consideration will be given to

1. Novice athlete
2. Financial need.
3. Number of events entered

## **The Application Process:**

An award application was developed and will be inserted in the registration package for future National Veterans Games (attachment). Criteria and submission instructions will be given along with a short history of the award. Applications will be sent to all athletes who participated in the Games over the last several years, as well as all VA Medical Centers in the system and PVA chapters.

## **The Process:**

1. The Colorado 500 Motorcycle Club Grant application must be submitted by a VA doctor, therapist, or team coach with a copy of the official NVWG registration form by the registration deadline. The award application and the copy of the NVWG registration forms must be sent to: Director, National Veterans Wheelchair Games (11K), 7400 Merton Minter Blvd., San Antonio, TX 78229, and must be postmarked by the NVWG registration deadline.
2. The original NVWG registration must be sent to the address indicated on that form by the published deadline.
3. The Director, NVWG, will establish and chair a review committee that will rank and rate the applications. All applications will be checked for compliance with criteria and rated based on content, merit, and need.
4. The Director, NVWG, may contact the sender to get clarification.
5. The Director, NVWG, will recommend a selection to the Director, National Programs & Special Events for consideration about one week after the deadline.
6. The Director, National Programs & Special Events will officially announce the winning recipient.